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CONFIRMATION NO. 8496

SERIAL NUMBER 10/666,374	FILING DATE 09/18/2003 RULE	CLASS 455	GROUP ART UNIT 2688	ATTORNEY DOCKET NO. I-2-0395.1US
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APPLICANTS

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Ariela Zeira, Huntington, NY;

** CONTINUING DATA *****

This appln claims benefit of 60/412,269 09/20/2002

_____ *yes* _____ *ad*

** FOREIGN APPLICATIONS *****

_____ *none* _____ *ad*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 22
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>ad</i>		

ADDRESS

24374
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TITLE

Enhancing reception using intercellular interference cancellation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 3376</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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